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ORIGINAL DEPARTMENT.

Communications.

UTERINE DISPLACEMENTS.

BY A PHYSICIAN IN CONNECTICUT.

I have been much interested of late in reading the communications of Drs. GRISCOM, BANNING, and others, published in the REPORTER, on the above subject, for the main reason that I have treated such cases almost continuously for a number of years past, and am now engaged in the management of some. I therefore naturally feel a desire to compare my experience with theirs, with which, as well as with their observations generally, I am pleased to state that I am ready to concur. The derangements under consideration are of more frequent occurrence than is generally supposed, and for their removal our best efforts and judgment are often put in requisition.

As a supporter, I have used all kinds of pessaries that I know of, but give the preference to that known as the "horse-shoe" pessary, for with it I have best succeeded. But it is not of easy application, as those who have never used it will find on trial, and requires judgment and an acquaintance with the matter to adapt it.

I always invest the instrument with some extraneous covering, as sponge or animal membrane, so that it shall rest more securely, and not abrade the parts. I prefer the membrane, which I am using now, as it is not easily decomposed and partakes of qualities similar to that of the parts with which it is to be placed in contact. I have at present a case on hand, which I will briefly relate, which will give a better exposé of my views than I can otherwise do.

Miss ——, a delicate lady, nearly twenty years of age; sent for me on the evening of April 26th, 1866. On my arrival, I found her suffering much with ischuria, which had afflicted her for some time previous, but never more sorely than at present. Various things had been tried, but with no permanent success. I advised the catheter as being likely to afford the quickest relief; it was used with success and entire relief for the time. I no-

ticed some inflammation about the parts and ordered a saline diuretic. I told her I thought it would answer then, and was retiring, when she asked if I had trusses. I told her I had. She said she had had a "burst," and had been advised to wear one. She said she could not cough, (though quite disposed to,) laugh, sneeze, or turn in bed, (being able to sit up for only a few minutes at a time,) without applying both hands to the abdomen, because she felt as if her "inwards would come through." I told her I should have to examine, in order to see what kind of truss would be required, and on doing so discovered at once that she had no rupture at all—nothing of the kind. I told her so unequivocally.

Well, what could it be? She had been living two or three years in a part of the State some distance from home, and had been under the care of a very skilful physician for eight or ten months, and she supposed he understood her disease. I told her it might be that she had uterine disorder. That was a new idea to her. She had been treated for dyspepsia in its worst form. Stomach very capricious, with paralysis of the upper extremities. I examined the spine, found nothing wrong there, and after stating my views plainly, she consented to be examined.

I found the uterus, or so much of it as was accessible, and the entire passage to it quite inflamed, as proved by great tenderness, tenseness, heat, etc., and a complete anteflexion or version of the uterus, the fundus lying against the os pubis, the inferior portion of the uterus (os uteri) resting on the perineum completely down, and it was with great difficulty that I could reach the os uteri at all, as it was thrust back against the rectum.

I now had a key to the case. The uterus rotating as it did on the pubes, when the muscles were called to act, caused the bursting sensation, as the sequel has proved; also the difficulty in voiding urine, because the womb at times pressed the urethra.

Costiveness had been a great trouble; her bowels not moving oftener than once in ten or twelve days, for the reason that the transverse position of the womb obstructed the rectum. I

told her at once that her only chance depended on a proper restoration of the womb, and therein was a chance. She said the picture to her was dark, and that she did not expect to get well. She had taken iron profusely, and other medicines skilfully prescribed, but never seemed benefited. She consented to my making a trial. I told her it would take some months probably to accomplish much. I had no supporter with me, but extemporized one on the spot, and after bringing the womb to its proper position (which is easier said than done), I applied my supporter, which was rather small, and compressible of necessity, since if it had been large and firm, it could not have been applied for obvious reasons; and after continuing the same for some time, until the parts had become more tolerant of appliances, I resorted to the *horse-shoe*, which has more than exceeded my expectations, and she is now almost well, cheerful, happy, and attending to her business. Dyspepsia, which she had been so long treated for, as well as paralysis, are no longer even thought of; her appetite is excellent, and every kind of food acceptable. She gains flesh daily. Her urine is now voided as freely as any other person's; costiveness has no existence. She is all right; a cough, and bronchitis which she had had, I have treated successfully. The latter was severe when I first saw her. I examined her chest thoroughly and found no fixed disease of the lungs, as she had been told; resonance good, except a small portion of the inferior right lobe. And what had been above all others, the bane of her existence for years, annoying her constantly, was profuse leucorrhœa; her clothing was frequently much soiled by it, but it is now all gone, much to my gratification. For this trouble I directed her to use detergent solutions. For bronchitis she applied to her chest every night a napkin moistened with an astringent mineral solution. I have given her but little medicine. She took enough before I saw her. I have strictly cautioned her against using opium or morphia. She has had none, with the exception of a mild opiate for her cough, so as to enable her to rest at night. With her nervousness I could easily have induced the habit of using opium, but, thank God, I have been careful, because I consider such a habit, confirmed in a young person, equivalent to death.

I have extended my contribution to a length to me unexpected, but the importance of the subject must be my apology. If I never should have the good fortune to rescue another fellow-being from the grave, I should feel as if, on the

result of this case, I had not lived in vain. The patient is still under my care, as a precaution against relapse. I have always attended to her requirements personally. Much depends on doing things rightly and thoroughly. The patient (with her immediate friends) is much delighted at her convalescence. The details of this case are known only to myself and the above.

DISEASES OF THE MOUTH.

BY JAS. E. GARRETSON, M. D.,

Of Philadelphia.

Syphilitic Necrosis.

The hard and soft palates seem particularly liable to suffer from attacks of specific disease, the venereal ulcer of these parts being looked upon as about the most common of the constitutional associations. That these ulcers, are, however, strictly venereal, I am oftentimes led to doubt; certain I am that they appear and exist with greater virulence where mercury has been used with unnecessary freedom. Venereal ulcers of the parts are of two kinds: The superficial, and the ulcer of necrosis; either of them being very well represented in general appearance by the non-indurated chancre. The superficial ulcer may be found both upon the hard and soft palates, but is much more common to the latter. These ulcers—as the chancre—vary in size and character; being sometimes very amenable to treatment, at others resisting, and phagedenic, even to the destruction of the parts. Their treatment is to be conducted on general principles. I really know of few surgical conditions requiring nicer general judgment or more attentive care; it is to blow hot to-day and cold to-morrow, and vice versa. As a rule, these ulcers are found oblong in form; from an eighth to a half of an inch in length; more or less excavated, the cavity being filled with a dirty, white semi-solid paste. Their truest comprehension—my experience leads me to infer, (as viewing them for treatment is concerned,)—is found in considering them as of seborbic association.

Touching them locally with the acid nitrate of mercury, or with a mixture of equal parts of iodine and creosote, not unfrequently causes them speedily to assume healthy action. I have never seen a case in which the internal exhibition of the mineral acids did not seem to be in some degree useful; and particularly have I found this to be the case where a phagedenic tendency existed. Whatever remedies, however, may be employed, the venereal basis of the trouble is always to be kept in mind. Syrup of the pyrophosphate of iron, conjoined with minute

doses of corrosive sublimate and the iodide of potash, will, under certain conditions, compel these ulcers to disappear, as if by magic, particularly, if locally, some caustic be employed.

The ulcer of necrosis, looking like the preceding, differs from it, in having some sinus leading from the pasty mass, which constitutes its apparent bottom, to dead or dying bone beneath. The ulcer in this case is not the trouble to be cured; and indeed, could not, of course, be cured while the underlying disease existed. Ulcers of this class, being an attendant condition, are always situated over bone, generally about the suture of the maxillary and palate bones. They are always preceded by a tumid and engorged state of the part in which they are situated, indicative of the osseous trouble beneath. The character of this tumidity is always a matter of much concern; as in proportion to its solidity will generally be found the extent of destruction in the soft parts; the variability of this destruction is seldom, however, in proportion to the disease below. I have seen the whole palatine process die while the indicative ulcer has not been larger than the eighth of an inch in circumference; on the contrary, I have witnessed the smallest sequester attended with the largest ulceration.

Incisions into and through this tumid engorgement, will always be found satisfactory practice. The cuts are to be made, however, with judgment, always taking into consideration the vitality of the part. These incisions, if made through the periosteum, will frequently be found to exercise quite a controlling influence on the ostitis, just as in cases of ordinary necrosis, while their effect upon the soft parts is always for good. The treatment which should succeed the incisions, is only to be determined by the circumstances of each particular case. Not unfrequently it will be found amply sufficient to keep the parts well cleansed, and await the coming away of the sequestrum; never, however, forgetting to meet the constitutional indication. In other cases—as when, for example, the phagedenic type is assumed—the most vigorous and well directed treatment is necessitated.

When cases are first seen in the open ulcerated condition, semi-indolent, as is frequently the case, I know of no treatment equal to packing in the ulcer cotton, saturated with creosote and iodine. I have had cases come to me for treatment, where the bone would be found exposed to the size of a silver three-cent piece, and where all the consequences of a large opening into the nares were to be apprehended, and yet by such an application, repeated every other day, allowing the cot-

ton to remain in the ulcer during the intervening time, I have, in the course of two weeks, granulated the denuded bone entirely over, and the parts have remained permanently cured.

Breaks occurring in the hard palate, associating the oral cavity with the nares, are easily remedied by a covering of gold or silver plate. An impression of the full roof of the mouth is taken in wax. Into this plaster, in cream form, is poured; to the coat thus procured is fitted the plate of metal, supported by the teeth, or by atmospheric pressure, precisely as in the case of a plate for the attachment of teeth. Any reasonably ingenious mechanical dentist can meet the indications.

In breaks of the soft palate, there are few appliances better than a simple wad of cotton; this may be changed *pro re nata*.* Astonishing results in the way of diminishing or closing these breaks, both in the hard and soft palates, may not unfrequently be secured by freshening the edges, and touching every second or third day with zinc, iodine, or acid nitrate of mercury; great care, however, is to be exercised in this practice not to over-excite the parts, very ugly degenerating inflammations being sometimes the result of such stimulation.

An ugly feature in the superficial syphilitic ulcer is its tendency to recur. The palate, looking perfectly healthy to day, will assume to-morrow an indolent relaxed type, becoming semi-yellowish, some point or other will take on a fatty look, and in a few hours breaks down into an ulcer; this may recur a dozen times; the explanation is to be looked for in the systemic condition. An acid tonic treatment being generally called for. Such recurrence of the ulceration may extend over a period of six or eight months in defiance of the most careful attention. I have certainly found it so in my own practice, and imagine it is a common experience. The salt-bath in these cases will be found invaluable.

[To be continued.]

— THE ASTLEY COOPER PRIZE. The ninth triennial prize of three hundred pounds, under the will of the late Sir ASTLEY P. COOPER, Bart., will be awarded to the author of the best essay or treatise on the disease known as Pyæmia. Essays, either written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to Guy's Hospital, on or before January 1, 1868, addressed to the Physicians and Surgeons of Guy's Hospital.

* For Minute Paper on Palatine Defects, see REPORTER, January 11, 1862; January 18-25; February 1-8-15.

VESICO-VAGINAL FISTULA:*Its History and Treatment.*

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

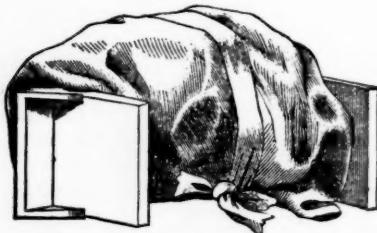
(Continued from page 195.)

Agnew's Operation.

Having presented the various operations in historical succession, I proceed to state the plan of treatment practised by myself for several years, with results the most satisfactory. Nothing original is claimed for the method. Except in a few particulars, it does not differ from modes pursued by others.

Arrangements for the Operation. Among the first things to be attended to is the bed on which the patient is to lie. This should be a firm matress; but should the circumstances of the patient be such as not to command this, a feather bed may be well beaten down and covered with two or three comfortables, so as to give it a certain degree of solidity. Over that part where the hips are to rest there should be spread a strip of oil-cloth, and over this a folded sheet, the object being to protect the bed. A low stool should be procured and turned upon its side, over which should be placed one or two folded blankets, and over these again a piece of oil-cloth, the whole to be secured by a few turns of a roller. (Fig. 42.) This forms an excellent support, across which the patient is to be turned.

FIG. 42.



Stool covered, over which to place the patient.

There will be required two basins, one bucket for cleansing, and another for the bloody water, several mops or sponges; readily formed by securely tying small pieces of soft clean sponge to the ends of sticks or pieces of whalebone; a six or eight-ounce syringe, and some pieces of ice. There is some difference of opinion as to the exhibition of an anæsthetic. In no operation do I think its exhibition more imperative than in vaginal fistula. The position and exposure are calculated to shock the feelings of any female possessed of ordinary sensibility, and I have in al-

cases administered this agent with the most satisfactory result.

Assistants. There will be required four assistants; one for the sponges, one for each lower extremity, and one for the anæsthetic. As such an operation is rarely completed in less than half an hour, and may be prolonged to even two hours, the assistant having charge of the anæsthetic, should be perfectly familiar with his duty.

Time to Operate. As a good sunlight is all important to the successful execution of this operation, the forenoon of a clear day should be selected, and a room whose windows have an eastern or southern exposure.

Instruments. The instruments which have been and are still being invented for this operation constitute a most formidable armamentarium. I shall content myself by presenting a list of such as compose my own case, and which I have found to answer every purpose.

A duck-bill speculum (Fig. 43); two long-handled scalpels (Fig. 44); one pair of long rat-toothed forceps, slightly curved, with an attachment at the end of the handle, embodying the adjustor, for running down the wires and the crotchet to favor by counter-pressure the passage of the needle through the distal side of the fistula (Fig. 45); a needle-holder which can with one hand be detached from the needle, or again made to grasp it, and by which the needle can be introduced at any angle (Fig. 46); one pair of long scissors, curved a little on the flat (Fig. 47); a shot compressor (Fig. 48); this instrument, to be efficient, should have strong handles, and the articulation less than half an inch from their extremities; a shot perforator (Fig. 49); two sigmoid self-retaining catheters (Fig. 50); the openings in which should be very small, otherwise the mucous membrane of the bladder will insinuate itself through them, and become strangulated, rendering its withdrawal impossible without tearing the incarcerated portions; one dozen of needles; these should be constructed with great care, seven-eighths of an inch in length, slightly curved for one-fourth of an inch at the extremity, the cutting-edge confined only to the extent of the curve, and sufficiently wide to allow the proximal part to pass without tugging and pulling, as is too often the case. The eye should be well sunken, so as to bury the thread, and the whole so tempered as to bend, rather than break; fine silver wire; some No. 3 shot, and twelve or fourteen inches of light gum-elastic tubing, to slip over the end of the catheter, and thus convey the urine to a bottle or other vessel, placed between the patient's limbs.

FIG. 43.



FIG. 44.



FIG. 45.



FIG. 46.



FIG. 47.

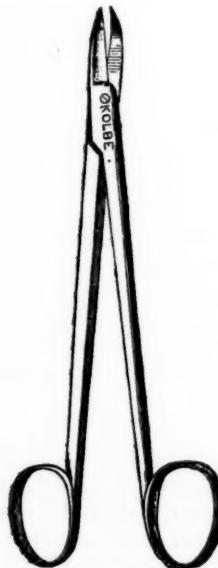


FIG. 48.

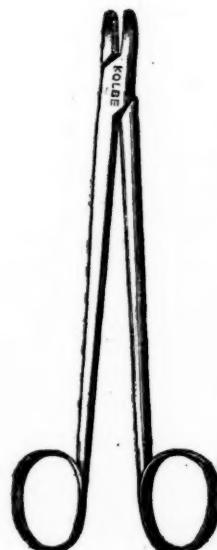


FIG. 49.



FIG. 50.



Operation.

The patient having removed all her clothing, save a chemise and night-gown, lies down upon the bed, and is brought under the influence of the anaesthetic, nothing having been communicated to her about the position in which she is to be placed. When sufficiently unconscious, the stool, prepared as directed, is placed across the foot or side of the bed, and the patient carefully lifted, and placed over it, resting on her abdomen, two or three pillows being laid under her breast and head in such a way as to form an inclined plane. The head must be turned on one side, and a free access of fresh air admitted to her face. The person having charge of the anesthetic must take his position so as to have a full command of the pulse and countenance, keeping her perfectly passive, without profoundly impressing her. There are periods in the operation when very little need be given, as when the surgeon is waiting for the bleeding to cease; and again, when the apposition and adjustment are being effected; at such times very little pain is inflicted. The legs, being next flexed upon the thighs, are given over to assistants. The operator now takes the speculum, smeared with oil, and introducing it into the vagina, commits it to one of the assistants having charge of the limbs, who draws it

FIG. 51.



Exhibits the woman resting on her abdomen over the stool placed across the bed, and the assistants supporting the limbs, one of them also holds the speculum, which has been passed into the vagina.

firmly toward the rectum, when the air, entering the vagina, expands the tube in the most satisfactory manner. (Fig. 51.) The surgeon now takes his seat in a position to command a full view of the fistula, and seizing its lower margin with the forceps, enters the knife from three-eighths to half an inch from the opening, bringing it out just short of the vesical mucous membrane, and by successive sawing movements, paring away, until the entire circumference of the fistula has been freshened. Should the mucous membrane of the bladder protrude, a piece of sponge may be pressed through the opening to keep it out of the way. The greatest difficulty in executing this part of the operation will be experienced at the angles, or commissures of the opening; and too much care cannot be observed, that no point be overlooked. If it is properly done there should be at least three-eighths of an inch, or more, of oblique raw surface, visible everywhere around the fistulous opening. The tendency to inversion of the vagino-vesical septum is so great, that unless a considerable extent of tissue is removed, there will be danger of not having a sufficient amount of raw surfaces apposed to secure adhesion. There will be cases and situations in this freshening process, where the scissors come in more advantageously than the knife; such will naturally occur to the surgeon as he proceeds. Where the fistula is very small, receiving, for instance, only the end of an ordinary probe, some advise transfixing with a long awl-shaped instrument, and raising the sides, by a single stroke of the knife cut out a sufficient amount of tissue. There is a very ingenious instrument (the author of which I cannot recall), (Fig. 52), with a conical extremity standing at an angle with the shank, the

FIG. 52.



base of which is surrounded with sharp teeth, designed for controlling the edges of such fistulae. The apex of the cone is inserted into the opening, and pressed through; then, by withdrawing it, the teeth become fixed into the circumference, when the knife may readily excise at a stroke the included tissue.

[To be continued.]

— **EARLY MENSTRUATION.** A case of menstruation in a child five years of age, is mentioned by Dr. AMES, in the *Chicago Medical Journal*.

— **DR. LAYCOCK** has lately suffered amputation of the thigh, for an old affection of the knee-joint.

XV.
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**PHYSIOLOGICAL AND PATHOLOGICAL
RELATIONS OF THE TRUNKAL MUS-
CLES, WITH THE THERAPEUTIC INDIC-
ATIONS INVOLVED.**

By E. P. BANNING, M. D.,

Of New York.

(Continued from p. 235.)

Curative Indications in Prolapsus Uteri.

At this stage of the discussion, it follows as a simple matter of course that, in uterine displacements, the first indication is to correct the pelvic bearings toward the uterus, in order to the eligibility of any other remedy to a radical success. But, before fully considering this proposition, I propose first to glance at the merits of older and far different views, which, either separately or collectively, have been the basis for treating this malady.

1st. As until within a few years, this affection has been regarded either as an uncomplicated and independent local weakness in itself, or as a mere local development of a *constitutional* fault, it was laid siege to *by the year* with tonics, anti-spasmodics, nervines, and astringents. But, passing the soundness or unsoundness of such a pathology, and also all question as to the selection of remedies, the merits of this view may be summarily disposed of by the light of its own *history*, which seems to be made up of three items, viz., 1st, a tedious failure; 2d, a long bill; 3d, no professional prestige resulting. And what better could be rationally expected, in view of the fact that the main operating elements in the case are as *mechanical* as in those of fractures and luxations. Indeed, as well might we expect a pulv. ip. comp. to act as a modern fracture-splint, a dislocation of the hip to be reduced by an alternative dose of blue mass, or total depravity to be evacuated by tartar emetic.

Said a very distinguished man to the writer, "I dread this class of cases; they will neither recover nor die."

Next, under the idea that the displacement is mainly the result of "general debility" of the system, and specially of local exhaustion of the vagina and uterine ligaments, many, either with or without constitutional treatment, propose to meet the requisites by *rest* in perpetual recumbency. But here also, immediate palliation excepted, the history of the treatment is that of failure, as ought to have been expected. The utmost ever gained by this process, in confirmed cases, being improvement barely sufficient to serve as the basis of a relapse. Nor ought this to excite surprise, since it is known that *action* (according to order) is the law of accumu-

lating vigor in all tissues, and that the immediate comfort derived from recumbency is more than overbalanced by the enervating effect of inaction upon the visceral functions, and the ligamentous and muscular energies.

Others, seizing upon this isolated truth, pursue just the opposite regimen, under the idea that a dormant condition of all the parts directly or indirectly concerned is the cause, which is to be immediately attacked by enforcing the law of labor, consequently, (irrespective of secondary conditions, which have now become independent of their primary cause,) the patient is put to riding, walking, climbing, gymnastics, etc., under the questionable logic that causes and cures must be opposites, and bear some analogy to each other. This reasoning, if it were applied only where the effect has gone no further than the cause has pushed it, and exists no longer than the procuring cause continues to operate, might do. But in the premises, when the case comes to treatment, we have to meet the *effects*, isolated from their constitutional causes, and treat them as independent conditions; consequently, to waste time and strength in endeavoring to educe muscular strength by labor, when the uterus is already in the inferior strait, and even resting on the perineum, or in the meatus, is but to aggravate and confirm the prolapsus. In my experience, I have ever noticed such to be the result of this merely *logical* therapeutics. The fact simply is that the abettors of such a treatment have failed to discriminate between what might have *prevented* and what will cure uterine displacements; or, in other words, they have perceived *some* truth, and mistaken it for *the* truth, and in so doing have exemplified the fact that *truth misapplied becomes practical falsity*; and this all the more from its close alliance with truth.

But at the present day, the profession generally have abandoned the exclusive practice of these ideas and modes, and are recognizing the absolute necessity of some *mechanical* aid in the premises. Although this conclusion does not seem to be based upon a comprehensive survey of all the bearings in the case, but simply upon the non-success of the old modes, and the fact that the uterus, being unable to hold itself up, must be *proped up*. This is a very direct rule of reasoning, and if neither anatomy nor philosophy had anything more to teach, the soundness of the conclusion would be unquestionable. Consequently, the desideratum has been sought in some form of support *within* the pelvic cavity. But, whilst this is a move in the advance, here too the highest expectations have been dashed, the success

nearly never extending beyond a little immediate *rest* at a great expense; in other words, a temporary palliation of one evil by the institution of a greater.

But before discussing this point, I *submit* that, if uterine displacements must be relieved by pessaries, it is certain that the latter should act in the interest of the following items, *viz.*, the education of the contractile energy of the round and broad ligaments; the elongation and circular contraction of the vagina; and the protection of the perineum and vulva from weight, and of the uterus from direct pressure from any extraneous substance; and in laying down these propositions as fundamental, I certainly cannot hazard a single *reluctant assent*.

Pessaries.

Of these there is a multitude, and the variety of their effects corresponds with their number, the respective characteristics of all of which are embraced within the four following classes: Those which propose, by their *bare volume*, to crowd the uterus, *per force*, to its normal altitude; those which are less voluminous, and act by resting upon the vagina; those which support chiefly by resting their distal points upon the rectum and pubes, and those which support the uterus from an external base. But, as will be seen, not one of them can accomplish more than questionable good, and that little is in direct contravention of the interests indicated above.

The Globe Pessary.

Of the first class, which act by their bare volume, the *globe* stands foremost. In ordinary prolapsus, without version or flexion, the uterus is usually compelled by it to be elevated, provided the apex of the globe strikes the os fairly; but in case it does not, then the uterus is shoved back against the rectum, and very little if any elevation is effected.

But if you assume the utmost to which the globe is eligible, its use must in the end be subversive of a permanent good, as its distension of the vagina and pressure upon the perineum and vulva must steadily increase their surface and their weakness, and compel a steady increase in the size of the pessary until it entirely fills the inferior strait, overcomes all the reactive powers of the vagina and perineum, and finally, large as it may be, cannot be retained during defecation, coughing, etc. This I have seen confirmed by ladies exhibiting to me a set of these globes, (each of which they had used successively,) varying in size from that of a billiard-ball to that of the smallest used in the bowling-alley—at least the size of the largest was nearly incredible—and

yet so perfect was the relaxation of the vulva, produced by the wedging action of the globe, that she would introduce it in a twinkling, and expel it with a most inconvenient facility. A digitovaginal examination showed the pelvis full of the pelvic and abdominal organs, and when the patient is recumbent, the pelvis is empty, and the perineum and vagina as destitute of all contraction as a wet bladder. This condition most obviously is often the result of the *remedy*, and not of the primary malady. But, notwithstanding all this, there are not wanting intelligent men who are so *stupid* as to advocate the treatment of prolapsus by this form of pessary.

"Doctor," said one practitioner, "of all the means for relieving prolapse, it is my opinion that the *globe* pessary excels them all; for, being round, it enables the contracting perineum to gradually wedge it up higher and higher, whilst it has not an opportunity to wedge up the flat pessaries in this way." To this I propounded two questions, to which I have never yet received an answer. To wit; "If prolapsus originates in the pelvis, and there is such vigor in the vagina and perineum, how came there to be any prolapsus, and what need was there of any distending globe to wedge up? Or, if there is such a deficiency of strength in the vagina and perineum as to cause prolapsus, where, in the name of Esculapius (in this bankrupt state), is this surging strength in the perineum, to wedge up the globe, to come from?"

Circular, Square, and Oval Pessaries.

But the most common form of pessaries, belonging to the first class, are of a circular or oblong form. They practically differ from the globe, chiefly in this, that whilst the area of their circumference is usually greater than that of the globe, they are flatish, and essentially thinner, with an opening for the partial reception of the os. These, compared with the globe, are less pernicious; for, whilst they equally shorten and distend the vagina, and so increase its weakness, their flatness and thinness protect the perineum, comparatively, from this downward wedging action of the globe upon the perineum and vulva. They also produce less bruising and indurating pressure upon the os, and secure a more certain elevating action upon the uterus.

But, having said all, such is their irritating and distending influence as to almost surely induce leucorrhœa, and often congestion, irritation, induration, ulceration, and scirrhus, by pressure on the os; compel the patient to wear them as an *institution*, and accept of prolapsus as her heritage; such says history. Of this latter class,

those composed of glass are the most reprehensible, owing to their weight. The balance of the account against *all this* class of pessaries is, that they render their little temporary support by resting upon other parts which themselves need supporting.

Of the second class of pessaries, the double S and the horseshoe constitute the chief of those which are worthy of notice. In the main, I regard these instruments as superior to all others; not in that they accomplish so much more, but in that their use is attended with fewer evils.

The double S may be called an oblong hollow square, of round metal or rubber rods, and is of insignificant weight compared with most others. When introduced, it floats in the pelvic cavity, and gives support to the uterus, only in proportion as the vagina is strong enough to force it upward; or, in case of a very weak vagina, in proportion as its area is so large as to totally distend the vagina, and so find a point, much as a sweep maintains his position by pressure on the walls of the chimney. In this way, not only, is the pessary supported, but, by its distension of the vagina, the inferior portion of the latter (if it has any remaining strength), is forced upward into the hollow of the square, and gives some support to the os.

But, be it now remembered, that all the support the double S can give to the uterus is derived from the vagina, and at the expense of its distension; and, that whilst some respite from the local and sympathetic symptoms of prolapsus may result, it is at the expense of a weak part, which must ultimately *bankrupt*. The principal advantage over the first class of pessaries is, that of *its lightness*, and the protection of the os, the perineum, and the vulva, from pressure. But the amount of its support to the uterus must be in the exact ratio of its improper and distending pressure upon the vagina; and, in uterine *versions* and *flexions*, it, or any of its class, can never be effective, as it is without an external base, and must lack a point from which to restore the uterus to its normal axis.

Another form of this S pessary is simply longer and narrower, with a view to less lateral distension of the vagina. But, it is found, that in proportion to the narrowness of the S, the greater is the difficulty of keeping it in position; consequently its support is even less reliable than that of the wider one. Besides all this, the act of defecation is either obstructed by the pressure of both these instruments on the rectum, or else they will be displaced by that act.

To obviate these casualties, the U, or horse-shoe

pessary has been tried. It consists of the double S open at one end. But, whilst it obviates the obstructing or displacing effect of contact with the rectum, if the open space is wide enough, and the instrument be in its precise proper position (which is very problematical), still, if the instrument be *long enough* to secure its supporting position, the small surfaces at the open end of the instrument are liable to produce painful pressure upon the sacral nerves, and an ulcerative pressure upon the soft tissues against the unyielding sacrum.

A fourth form of this class is the ring pessary, which in principle is the same as the others, differing only in that it is circular, and neither square nor oblong; and in its pressure being more uniform against the entire circumference of the vagina. And, in view of this fact, its effectiveness is greater than that of the others, but, for the same reasons, its evils are also greater.

The third class of pessaries consist, in the main, of those composing the second class—the S, the horse-shoe, and the ring; only the *principle* of their action is different, for, whilst those of the second class *float* in the pelvis, and depend upon the vagina, perineum, and vulva, for their base, the latter are made enough *longer* to have a *fixed and immovable* point of support at the sacrum and pubes. These instruments, indeed, when thus immovably fixed between the sacrum and pubes, must give a firm and unyielding uterine support. But, here again we are met by the great liability to the unpleasant effects of pressure upon the rectum, the sacral nerves, and the other soft parts which so thickly line the sacrum and pubes—effects which are often very annoying, and sometimes very terrible, in the shape of paralysis of the limbs, cramps in the hips, and ulceration through the rectum, not to speak of habitual constipation. It is true that the pressure upon the urethra may be obviated by an accommodating curve in the anterior extremity of the pessary; and the unyielding, irritating, and ulcerative pressure upon the pubes, sacrum, and the rectum, may be mitigated by doubling the longitudinal rods of the pessary, and having them slide upon each other under the pressure of a contained spiral wire. But, I submit, that in such cases, if the relief from painful and obstructing pressure is so complete, then there cannot be sufficient firmness in the instrument to give it a fixed position.

It remains now to notice but one more form of pessary (the fourth), for simple prolapsus. It consists of a cup mounted upon a small stem,

and the lower end of the stem attached to a T bandage, which is secured about the pelvis. This stem-cup, when introduced, and firmly fastened to the pelvis, certainly has the merit of giving direct support, and that without distending or resting upon the vagina, perineum, or vulva; but it is compelled to exercise the most direct unnatural and injurious pressure upon the irritable os; and this the more so, inasmuch as its pressure must not only be sufficient to elevate the nominal weight of the uterus, but also that of the viscera and upper trunk, which we have before shown to be bearing with undue force upon the uterus in such cases.

In these remarks I do not pretend to have critically canvassed all of the declarative or comparative merits of all pessaries, but to have shown that, take them all together, they cannot act in the interests of a radical cure, inasmuch as by unnatural pressure on the os, they are liable to induce flexions, and versions, and irritation, ulceration, congestion, induration, and scirrhus, of the os and cervix; or else, by distension of the vagina, or pressure upon the perineum and vulva, they are liable to produce leucorrhœa, and increased, and ultimately irrecoverable debility of all those pelvic tissues, which, by their proper tone, in connection with the proper trunkal bearings, were ordained to perpetually act as important conservators of the normal uterine status.

CASE OF HYSTERICAL HEMIPLEGIA.

BY JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York.

June 21st, 1865. Susan Carroll, a single woman, aged 18 years, came into Bellevue Hospital with the following history: Father died of some liver complaint, and mother is still alive and healthy. Her sisters and brothers all enjoy good health. She was born in Ireland; had measles at 8 years of age, and small-pox at 10, but never had any other diseases. Her menses came on when she was 15 years old, and have always been regular, abundant, and accompanied with much pain, which makes its appearance after the menses have been present about one day, and continues until the menses cease. She has suffered considerably of late with palpitation of the heart, and with the sensation of a ball rolling up into her throat, which she says seems as though it would suffocate her. Three weeks ago she went to bed perfectly well, not having undergone any previous excitement, and awoke in the morning paralyzed on the left side. She could move her

hand slightly, but it was impossible to move her leg in the slightest degree. Thus affairs went on until four days before her admission, when her arm became much better, and she could move it quite well, but her lower extremity remained in *status quo*.

When admitted she presented the following appearances: Face full and rosy; temperature of body normal, there being no difference on the two sides; pupils act well to light, being neither contracted or dilated; no paralysis of facial muscles; tongue slightly coated. Pulse natural in character and frequency. Her eyesight is good, but she says there seems to be a mist or thin cloud constantly before her eyes. Lungs and heart healthy. There is partial paralysis of the left arm, and complete paralysis of the left lower extremity, which is perfectly useless, and is dragged behind her, when she attempts to walk with the assistance of another. The sensibility of the arm is a good deal impaired, and that of the lower extremity is completely lost. She formerly had much pain in her left side, and is now suffering with the same.

Upon examination there appears to be some intercostal neuralgia. She is also troubled with flatus, and with persistent constipation. She has never experienced any difficulty in passing her urine, which was examined both chemically and microscopically, and found to be healthy.

The *diagnosis of hysterical hemiplegia* was made, and the patient was subjected to the cold shower-bath, to the use of assafetida, and extr. valerian in large doses; and had her bowels kept open with gentle laxatives. As she was suffering considerably from pains in her stomach, and was annoyed with flatus, a teaspoonful of the following mixture was occasionally administered, with markedly good results:

R. Aquæ menth. pip.,	f. $\frac{2}{3}$ i.
Tr. opii.,	f. $\frac{3}{4}$ i.
Olei anisi,	g. xx. M.

On June 24th she suddenly became unable to pass her urine, which had to be drawn twice a day, until July 1st, when the division passed into the hands of one of my colleagues. He has kindly furnished me with the following facts: No great change took place in her symptoms until July 23d, when, during a thunder-storm, she became much frightened, and passed into a hysterical convulsion. The cold douche soon brought her out of this convulsion, and when she regained her consciousness, she discovered that she had recovered the use of her entire left side, and could walk as well as any one. The following day she walked out into the city on a pass. She

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remained well for some time, when suddenly she was seized with *paraplegia*.

In this condition she now remains.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
September 5th, 1866. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Symmetrical Scleroma and Maculae.

Lillie W., *æt.* 18. She has been affected for three months with hardness of the skin and cellular tissue of both arms and forearms, and also, to some extent, of the back of the neck. The induration is a little more distinctly marked on the left than on the right side. There is apparently no tumefaction, and no unnatural heat. A remarkable discoloration, symmetrical with that on the opposite side, is situated on the anterior surface of each forearm, nearly over the elbow-joint. The maculae are oblique in direction, of a brownish color, and have the same situation, direction, color, and almost the same length and breadth on each forearm. These spots made their appearance about two months ago, and were at first of a greenish aspect. There is only pain on bending the arms; no pain at night. She has a good appetite, and sleeps well. She was in good health when this trouble came on, and the arms had not been hurt in any way.

If the parts affected were cut into, it would be found that the hardness involves the skin and areolar tissue, that the cells of both are in a state of distension from a deposit of sero-plastic matter. This same affection is seen occasionally in the serotum. A disease of this kind occurs sometimes in young children during the period of lactation, involving the entire body, and usually proving fatal.

The disease is denominated scleroma, and consists essentially in an induration of the skin and subcutaneous cellular tissue, by an effusion of serum and plastic matter. The discoloration here present is the result of a change in the pigmentary substance of the skin, the *rete mucosum*, the precise nature of which is unknown.

The causes of the affection in this case are involved in obscurity. If there were disorder of the digestive apparatus, derangement of any of the important secretions, as of the liver or uterus, or impairment of a serious character of the functions of the skin, the cause might be properly referred. In the absence of any such disorder there is nothing to explain the origin of this rare disease.

In regard to the treatment, looking upon the affection as one closely connected with an effusion of serum and lymph, sorbefacients are indicated. The parts were directed to be painted, twice in the twenty-four hours, with one part of tincture of iodine and two of alcohol. Internally, the iodide of potassium, and bichloride of mercury were ordered. Also, two and a half grains each of jalap and compound extract of colocynth, with

one grain of ipecacuanha, every other night. A light simple diet was prescribed, and, every fourth night, a warm salt bath.

Syphilitic Periostitis.

Mrs. Adams, *æt.* 43. She suffers from great pain along the crest, and on either side of the crest of the tibia. The part is very tender upon pressure. There is no appearance of any node. She has been suffering for ten years with pain in the head and limbs; more at night than during the day, and more in cold than in warm weather. She has never had any eruption, but has had sore throat, with ulcers. The pain in the leg has been so great that she came to Prof. Gross' office to have it amputated, if relief could not be otherwise afforded.

The diagnosis of syphilitic periostitis was made, and the iodide of sodium, six grains, with one-tenth of a grain of bi-chloride of mercury, was ordered three times a day. At night, two grains of opium and one grain of calomel were directed, to produce slight ptalism, and the parts painted with equal portions of tincture of iodine and alcohol.

Sept. 15th. After the use of the remedies directed a week ago last Wednesday, the patient has now no pain nor tenderness of the tibia. The disease was of ten years' standing. Ten days ago the parts were intolerant of the slightest touch, the pain was more or less constant, and subject to violent exacerbations at night. The case is an interesting one, as showing the powerful influence of a few doses of medicine.

The prescription of calomel and opium was omitted. The iodide of sodium and bi-chloride of mercury must be continued in the same doses for another week. After that, she may take them twice a day for a week, and then once a day for ten days more. She should avoid taking cold, and be careful in eating and drinking.

Remarkable Lateral Curvature of the Spine.

Mary L., *æt.* 13 years. This patient presents a remarkable deformity of the spine and chest. There is a lateral curvature of the spine, very much resembling the outline of the italic *S*, a curvature forward in the dorsal or dorso-lumbar region, and a great prominence of the right shoulder. She has been four years in this condition. The case is a very uncommon one.

This affection differs from that which is called *Porr's* disease of the spine, which is essentially scrofulous, depending upon a deposit of strumous matter in the areolar tissue of the bodies of the vertebrae. The distortion here observed is caused by a weakened condition of the intervertebral substance, and by inordinate action on the part of the muscles connecting the shoulder to the spine. It is by far the most common on the right side, and nearly exclusively confined to the female sex. Children at school, or in workhouses, those ill-fed, ill-clothed, with impoverished blood, and subjected to hard labor, are the usual subjects of this deformity.

In order to ease her spine the patient is compelled to bend the body forward in the dorso-lumbar region, thus causing a compensating anterior curvature in that region, enabling her to walk with greater facility.

There will be great difficulty in rectifying this curvature. Some relief may be hoped for. A radical permanent cure; a complete effacement of the deformity is entirely out of the question.

The general health is first to be attended to. This child has an oldish appearance, and is very fully developed for one of her age. She has never menstruated. She should have tonics, generous food and drinks, and gentle exercise in the open air, not carried at all to fatigue. Mechanical support must, of course, be given to the chest and spine. An apparatus can be constructed by which the lateral curvature may be corrected. It must be lightly made, and extend from the axilla as far as the crest of the ilium, making pressure at the side, behind and in front, so as to restore the deformed chest as nearly as possible to its natural position. The pressure being made gradually, no inconvenience will be experienced from it. She should lie down flat upon a soft hair mattress, with scarcely any pillow under her head, for several hours in the forenoon and afternoon of every day, sitting up as little as possible.

The following prescription was ordered:

R. Tinet. cinchonæ compositæ, f. 3*iv.*
Tinet. ferri chloridi, f. 3*ss.* M.

Sig. Teaspoonful ter die.

She was directed to take a tablespoonful of whisky in a small tumbler of milk three times in the twenty-four hours, and to have a nourishing diet.

Abscess of Abdominal Wall.

Daniel G., age 43. He has had for a little over four weeks a tumor in the epigastric and right hypochondriac region. He is considerably emaciated. When he came to Prof. Gross' office a week ago, he had great difficulty in walking and breathing, a frequent pulse, and an anxious countenance.

He was placed upon the use of quinine and iron, and at bedtime a dose of Dover's powder, fifteen grains, administered. A flaxseed poultice was applied locally. He is now much improved as to appearance and suffering. The prominence on the abdomen has become a little more distinct than it was, and fluctuation can be discovered.

The diagnosis of abscess situated in the wall of the abdomen was made. If it were an aneurism, there would probably be pulsation observed, though there is a period when pulsations become exceedingly faint, and when they are entirely obliterated. If it were abscess of the liver, there would have been jaundice, great constitutional disturbance, excessive irritability of stomach, and probably also great enlargement of the liver.

In order to determine the matter certainly, an exploring needle was introduced, and the presence of pus demonstrated. The abscess was then opened, and eight ounces of pus evacuated.

This case is interesting, apart from its rarity, because of the fact that it is one in which a mistaken diagnosis is very often made.

A tent was introduced, not so large as to effect occlusion of the opening, a flaxseed poultice directed, to be changed three times in the twenty-four hours, a quarter of a grain of morphia ordered at night, and milk-punch and nourishing diet advised.

Enlargement of the Spleen.

A. F., age 45, manufacturer of chandeliers. He has been unwell for six months. He was in the army for four and a half years. He had chills and fever seven or eight years ago.

There is a great enlargement of the abdomen; the case at first sight seeming to be one of ascites. An examination showed, however, that, although there was water present, it was not the whole cause of the swelling. A tumor occupies a large portion of the left hypochondriac and lumbar regions, well defined, extending back on the left side under the ribs and downward into the iliac or ilio-lumbar region, projecting to the right side of the umbilicus, and reaching nearly as high up as the ensiform cartilage. The surface of the tumor seems to be uniform, and its edges are sharp.

The patient is feeble and emaciated. He has a great deal of pain, more when the weather changes. He has a good appetite. The tongue looks a little reddish, but is perfectly moist. Bowels regular. He cannot sleep well. He passes about a quart of water at night, of a yellowish color, and perspires a good deal. No fever. No palpitation of heart. The action of the heart is feeble and irregular.

The history of the case points to the nature of this enlargement. Intermittent fever, when long continued, is apt to give rise to enlargement of the spleen, causing a hard, firm, resistant tumor, encroaching upon the diaphragm and the walls of the abdomen, and extending down into the pelvis. In some cases of this disease of the spleen, consequent upon malaria, the inflammation, which always accompanies the enlargement, terminates in suppuration.

The history here then indicates an enlarged spleen; so also does the situation of the tumor, lying on the left side. Again, the tumor has a sharp outline, more so than an enlarged liver would have. In the female, a splenic might be mistaken for an ovarian tumor. It might also be confounded with carcinomatous disease, or hypertrophy of the omentum. If the tumor were of this character, it would lie in front, as much upon the right as upon the left side. It is not a pelvic tumor, for if it were, it would be situated lower down. Sometimes an aneurism forms in connection with the aorta, increasing to a mass as large as a man's head. This, however, would be in the median line, as a rule, and there would be pulsations and the peculiar aneurismal thrill, nothing like which is present here.

An enlarged spleen, just as an enlarged liver, ovary or uterus, is liable to irritate the peritoneum, and provoke an effusion of serum; hence ascites is a very common attendant upon an enlargement of this kind. Whenever there is a tumor in the abdomen or pelvis, there is as a rule, an accumulation of water, to a greater or less extent.

Another effect of this enlargement is pressure upon the diaphragm and difficulty of respiration. The man does not breathe as readily as he would otherwise. He feels more or less pain on account of the pressure of the tumor on the surrounding parts.

The tumor is solid. A section of it would show

it to be of almost fluid consistence. It is a spleen in a state of hypertrophy, from long continued irritation.

The treatment may be general and local. It may be purely medical, or medical and surgical. The man's health is dilapidated. He does not rest well, has more or less pain, and an irritable pulse. His whole condition, apart from the enlarged spleen, indicates the use of tonics and alterants. The muriate of ammonia, in from ten to twenty grain-doses, three or four times in the twenty-four hours, has been very much employed for glandular enlargements. The administration of quinine and iron will be, in this case, postponed, in order to see what benefit may be obtained from the use of muriate of ammonia,—fifteen grains four times a day. An anodyne at night, milk punch, and a concentrated, nutritious diet were ordered.

As a local application, the ointment of the biniodide of mercury, diluted with seven or eight parts of simple cerate, was directed to be rubbed on twice in the twenty-four hours, with the bare fingers, care being taken not to irritate the skin by too violent friction. The man should keep as quiet as possible. The case is probably still within the reach of remedies.

If medicines prove ineffectual, a surgical operation might be resorted to. The spleen was excised in the sixteenth century by ZACCARELLI, and the patient is said to have made a very rapid recovery. Then the operation was lost sight of until 1826, when it was performed by Dr. QUITENBAM. The patient died in the course of a very short time. It was afterwards performed in 1855 by Dr. KÜCHLER, and lately, in 1866, by Mr. SPENCER WELLS, of London. The patients died; Dr. KÜCHLER's within two hours after the operation, from internal hemorrhage.

The case of Mr. SPENCER WELLS was a female. The spleen weighed nine pounds, and was extracted by an incision along the linea alba. The woman lived ten days, and died of pyæmia.

In consequence of wounds on the left side of the abdomen, the spleen has occasionally protruded, and the part thus thrust out has been cut off, and the patient recovered. A case of this kind, of Dr. POWELL's, of Covington, Kentucky, has been recorded in the *American Journal of Medical Sciences*, where a large portion of the spleen was excised, and the man recovered. This shows that the spleen is tolerant of interference. The only effect following the removal of the spleen from dogs, upon whom experiments have been performed, has been that the animals became exceedingly fat and indolent.

EDITORIAL DEPARTMENT.

Periscope.

Abscess in the Non-Descending Testicle—Death—Autopsy.

This interesting case is related by Dr. M. M. EATON, of Peoria, Ill., in the *Chicago Medical Examiner*:

The patient, a young man, 16 years of age,

came under the author's observation, June 4th, 1866. Great pain in right iliac region, where a tumor was found about the size of a large orange, very tender to the touch. The right testicle was absent from the scrotum, and on inquiry it was stated that the young man, when about six years of age, had passed his testicles up into the abdomen, that the left testicle had come down again, but the right remained. He died, June 9th, under symptoms of peritonitis.

On opening the abdomen large quantities of pus were found diffused throughout the entire peritoneal cavity; and the testicle, enlarged from inflammation to about ten times its normal size, containing a cavity nearly as large as itself, which was open on one side, through which the pus, found in the peritoneal cavity, had evidently escaped. Bladder and kidneys normal; liver slightly enlarged; spleen healthy; peritoneum intensely congested and softened; duodenum softened through its muscular coat; extensive evidence of inflammation throughout the entire tract of the alimentary canal; but no obstruction existed.

Ovariotomy.

"THE USE OF THE ACTUAL CAUTERY IN OVARIOTOMY," is the title of a paper read at the last session of the British Medical Association by I. BAKER BROWN, Esq. Our readers are already aware, from previous articles in our Periscope department, of Dr. BROWN's method of dividing the pedicle of ovarian tumors by the actual cautery. From the synopsis given of this last paper in the *Brit. Med. Journal*, we condense. Mr. BROWN gave details of 13 cases of ovariotomy, in continuation of a series of 36, in which the actual cautery had thus been applied. Of 23 cases already published, only two had died; of the remaining 13 now treated of, three had died, giving a mortality of 5 in 36, or 1 in 7 1-5. An analysis of these cases showed that death had not resulted in a single case in which the cautery alone had been used successfully, whether in the treatment of the pedicle or adhesions. In the first case, death was due to hemorrhage from the site of an adhesion of the tumor to the mesorectum, to which the cautery could not be applied. In the second, the clamp and cautery failed in arresting bleeding from a portion of mesentery, to which a ligature was subsequently applied, and the patient died of peritonitis. The third died on the fourth day, with all the symptoms of poisoning of the blood; the fourth, of shock; and the fifth, of peritonitis of a very low form. In all these cases, with the exception of the first, a ligature, either of the pedicle or of some other part, had been used, and it is at least worthy of note that death resulted only in such cases. In the employment of this method, it is essential that the searing be done slowly, or rather that the tumor first be cut away about an inch from the clamp; and the projecting stump of the pedicle be cut through by the cautery close to the clamp. In this way alone should it be done. There was also this advantage, that, should the cautery fail, the ligature might yet be applied, without any more risk than by this latter mode alone.

Medical and Surgical Reporter.

S. W. BUTLER, M.D., *Editor and Proprietor.*

PHILADELPHIA, SEPTEMBER 29, 1866.

THE STATE OF MEDICAL SCIENCE.
PROF. BENNETT'S ADDRESS.

The tendency of all science, we are told, is toward positiveness, and no one, who believes in progress at all, will refuse to subscribe to at least this tendency in medical science, even if he denies the attainment of final positiveness, *i. e.*, infallibility. None are more willing to admit the great strides in advance which natural science has made during a century, than physicians. Our profession, even in its everyday practical routine, is more than any other benefited by these advancements, and while we are brought to appreciate, more than any class of men, daily and hourly, the intellectual progress of the age, it is no wonder that we should be somewhat enthusiastic about it, and sometimes be inclined to claim, both for our science and practice, a greater degree of positiveness and infallibility than facts warrant.

Hence it is that those general discussions on the state of science, which are ordinarily comprised in "annual addresses," are of value. They force us to look at the facts which are established, and theories that are not, and stimulate to a more critical analysis of what is true in medicine and what is false.

Of many recent "annual addresses" before medical societies, taking in even that of Dr. HOLMES, seven or eight years ago, which at the time created much more attention than its statements and logic merited, we have read none with greater interest, and finished its perusal with more satisfaction than the "Address in Medicine" recently delivered by Prof. BENNETT before the annual meeting of the British Medical Association.

Professor BENNETT stands at the head of medical progressists in Great Britain. For him the errors of the past are *errors*, and not *truths in disguise*. The changes in the practice of medicine he looks upon as changes resulting from a change in its *principles*, and not as caused by a change in the nature and laws of disease. For him "change of type" means an effort to credit the laws of nature with the errors of man, and nothing more. But, progressive as BENNETT is, we cannot at the same time but admire how his enthusiasm is fitly tempered by a cool unpassionate criticism, which he applies on all occasions

to all subjects. Ordinarily, the authors of annual addresses roam through the fields of the past, and claim the admiration of the world for that which medical science has already accomplished. With a quaint humor, Prof. BENNETT says that, in this respect, "the names of HARVEY, HUNTER, JENNER, and BELL have done such good service; graphic illustration, sound reasoning, and vivid eloquence have been so well and forcibly employed on these topics," that he trusts to be forgiven if he regards the future rather than the past; and while admitting that much has been done, contends "that more remains to be accomplished." "It is now manifest," says Dr. BENNETT, "that the theory of medicine during the last twenty-five years has been completely changed, that most of the principles which governed its practice as an art are no longer applicable, and that during this period our science has advanced with such astonishing rapidity as to have imposed upon those who kept pace with its progress a task of no ordinary difficulty and labor.

"On the other hand, as a physician in active practice, and as a Professor of Clinical Medicine engaged in teaching the art at the bedside, I am surprised at the indifference with which this great advancement in the science is regarded by the majority of medical men. I see an army of practitioners scattered over the country, without organization or central government, engaged in efforts to cure disease and alleviate suffering. In this they are mainly guided by a knowledge, partly traditional, partly acquired by themselves, called *experience*, which is not only often opposed to the exact observations and careful inquiries of modern times, but is too frequently most contradictory in itself. The greatest differences consequently prevail among intelligent medical men, as to the best methods of treating many important diseases; theory and practice—advanced science and past authority—skepticism and blind faith—often being arrayed against each other."

Did our space permit, we would gladly follow the author through the details of his discourse on the present state of medicine. As it is, we can only refer to his summing up.

"1. That the descriptive anatomy of the human body is perfect, and has been thoroughly worked out.

"2. That the structural and general anatomy of the human body is very nearly so.

"3. That physiology, though greatly advanced, has much to teach us as to the functions of the human body, and is at this moment apparently

waiting: 1. For the organic chemists who are investigating the transformations which food undergoes in passing through the economy; and, 2, for the physicists, who, with newly invented and delicate instruments, are investigating the vital functions with a care and exactitude only recently arrived at.

“4. That pathology has demonstrated to us the structural alterations produced by morbid states, but it is still very deficient in a knowledge of the chemical alterations these occasion. It must necessarily be dependent, however, on the progress of physiology, so that the laws which regulate many diseased processes have yet to be ascertained.

“5. That the diagnosis of diseases, owing to our combined knowledge of physiological and morbid states, and the cultivation of physical exploration, in conjunction with observations of symptoms, is rapidly becoming more exact, and losing its conjectural character. What JOHN HUNTER effected for surgery, by placing it on a scientific basis, is now the object of the well-informed physician with regard to the practice of medicine.”

Thus much for scientific medicine. Regarding practical medicine, its present stand point, to BENNETT, appears to be:

“1. That the empirical method of treating disease has reached its utmost limits, and that little further improvement is to be anticipated from it.

“2. That the great advance which has taken place in the science of medicine has led, and is leading, to various modifications in the rules of medical practice, which only lately were in general use.

“3. That these modifications principally consist in putting more confidence in the powers of nature, having recourse more frequently to the assistance of diet and other hygienic influences; and in employing more sparingly blood-letting, and other heroic so-called remedies.

“4. That the value of many remedies in certain diseases is unquestionable, and that their judicious employment confers invaluable benefits upon mankind; but the utility of others is disputed, or little known, and, with regard to these, a careful investigation is imperatively required.

“5. That such investigations demand great labor, advanced knowledge, and much valuable time; and that experience has demonstrated the impossibility of carrying them out satisfactorily, without funds to remunerate the investigators.

“6. That all applications of scientific treatment require the co-operation of medical men at large, and that no trustworthy results are likely to meet

with general confidence in future, unless founded on extensive data, and familiarized by correct statistics.”

Such are the opinions of one of the ablest representatives of the progressive and rational school of medicine of our day, and against their correctness nothing can be said. His concluding words should find an echo in every medical society, whose object is the advancement of science:

“Whatever you resolve on, gentlemen, to me it is certain, that we have arrived at that epoch in the history of medicine which demands that truth in science and truth in art should no longer be kept asunder; that the traditions of old and less enlightened times should give way to the advancing spirit of inquiry that characterizes the age we live in; and that the separate, and because separate, too frequently opposing efforts of individuals should merge into the catholic endeavor of solving by union and mutual help those questions which it has been demonstrated have baffled solitary research. The whole scope and tendency of the modern science and art of medicine indicate that future progress can alone be secured by combined labor; and I can conceive no more worthy, as there is no more appropriate, object for the consideration of this Association, than the manner and methods by which this great work could, through its agency, be prosecuted and accomplished.”

Notes and Comments.

State Politics and Medicine.

At the recent meeting of the British Medical Association, Dr. MACKESY brought forward a motion in favor of memorializing and petitioning both Houses of Parliament to grant Parliamentary Representation to the Medical Profession, in its collective capacity. After a short discussion the motion was withdrawn. The most sensible remarks on the occasion were made by Dr. HOLMES. He objected to the demand of professional representation in parliament, as contrary to the genius and practice of British institutions. “The medical profession had its votes, and could exercise them in the manner most conducive, in its opinion, to its interests. It could use its great experience, and its great influence, far better in that way on sanitary questions; while the vote of one individual representative would always be balked; he would be regarded by the House as a bore, and his rising to speak would always be a signal for counting out.”

Cholera.

We are hearing of sudden and very fatal outbreaks of cholera in various localities throughout the country, and yet the severe type does not seem to last long in any one place. The epidemic has been most severe in Cincinnati, St. Louis, and Chicago, so far. In some circumscribed localities in this city, where the hygienic conditions were bad, the disease has been very fatal, yet our mortality from cholera has not been large. In the Insane Department of the Almshouse, a case occurred on the 5th of August, which proved fatal the next day. The patient had been for years in the house, and had not, to our knowledge, been exposed in any way to receive the disease by contact. The epidemic lasted until the 15th inst., during which time we had 42 cases, and 31 deaths. The cases were chiefly confined to one floor in the women's department, and the average time of residence in the institution of those who were attacked, was over five years.

In Providence, R. I., from the 6th of August to the 16th of September, there occurred 14 cases, and 12 deaths. A sudden outbreak of the disease in Bristol, R. I., on the 13th inst., carried off ten persons, chiefly from two families, in four days. We hope hereafter to be able to publish a more extended history of some of the epidemics referred to above.

British Medical Association.

The thirty-fourth annual meeting of the British Medical Association was held in Chester, August 7th, 8th, 9th and 10th. The proceedings were of great interest. The American Medical Association was represented by Dr. C. C. Cox, of Baltimore, who was cordially received as our delegate, and whose remarks were listened to with great interest, and which the *Journal* published in full.

The address in Medicine was delivered by Prof. BENNETT. It is made the subject of some editorial remarks in another column.

Internal Use of Chloroform.

A correspondent writes from Providence, R. I., "I notice repeated statements of, what appear to me, *very large* doses of chloroform as having been administered internally in cases of delirium tremens—f. 3ij. are stated, in No. 10, of REPORTER, current volume, p. 226, to have been given at a single dose.

"In much smaller doses, in a case of delirium tremens, I have known a patient to complain bitterly of a burning sensation in his stomach. As it vesicates when applied externally, if evapora-

tion is prevented, *is it safe* to administer it internally in such large doses? Would not chloro-ether effect the same end, and be much safer?"

Medical Discussions in Newspapers.

The *British Medical Journal* has the following remarks, which might occasionally be applied to this country:

"We quite agree with a contemporary, that it is very much to be regretted that so many members of our profession should discuss the treatment of cholera in the *Times*. The subject is there addressed to an audience who are incapable of appreciating the merits of the case. Professional opinion assuredly should be led and guided only by professional criticism. Public opinion cannot fail to be misguided by professional discussions of the kind here alluded to. And any one who has read the correspondence alluded to, can imagine that our profession has been thereby elevated in the opinion of men, whose opinion is worth caring about. Everyway the proceeding is most objectionable."

University of Maryland.

The School of Medicine in this institution begins its 59th session Oct. 15th. It has a very able Faculty, and gives a thorough course of medical instruction. In the session of 1865-6, this school had 153 matriculants, of whom 76 graduated—a large proportion—half the class.

Books, etc., Received.

The Hunterian Ligation of Arteries to relieve and to prevent destructive inflammation. By HENRY F. CAMPBELL, M. D., of Augusta, Georgia. From the author.

On Excision of the Superior Maxilla: report of a case, with remarks on certain tumors of this bone. By WM. R. WHITEHEAD, M. D. From the author.

Flint on Respiratory Organs. Second Edition. From H. C. LEA.

— THE nursing of the "Sisters" during this cholera epidemic, is pronounced as invaluable. In one large Infirmary, (we have it from the best authority,) the presence of two of these ladies allayed a positive panic. "Their services were invaluable. Everything that human beings could do, was done by them." One of these ladies, through the fearful onslaught of the epidemic, remained day and night at her post, inspiring confidence, until she was forced to give in through sheer exhaustion. The other Sister had to retire, being seized with diarrhoea. But they had done the work, and left things in perfect order.—*Brit. Med. Journal*.

Correspondence.

FOREIGN.

DUBLIN, September 8th, 1866.

The Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

The cholera, which has attracted so large and unpleasant an amount of attention, both on your and our side of the Atlantic, has spread through a considerable number of the English towns. In Dublin the disease can scarcely be said to have assumed the epidemic form, except in one locality—Cork street, in an out of the way and very poor part of the city. There are seldom more than a couple of cases a day (except from the locality just mentioned), and often not any, so that although the disease has increased, we may have a fair hope that the epidemic has been warded off for this year at least.

The deaths up to the present time in this city have been:

For the week ending August 4th,	1
" " " " 11th,	5
" " " " 18th,	13
" " " " 25th,	15
" " " September 1st,	41

There have not been so many this week, at least so far as I can ascertain, but the return has not yet been made up.

In London the number of deaths from cholera have been steadily decreasing during the past few weeks; the epidemic seems to be fairly on the decline in that city. In Paris the cholera has again appeared this year, and continues to rage with considerable violence, the mortality being from 90 to 100 per day.

The British Association for the Advancement of Science

Held its annual meeting this year at Nottingham. There was not much of direct interest to the medical profession brought forward at the meeting; but one or two are worthy of being noticed.

Dr. BENCE JONES, as President of the Chemical Section, took occasion, in his address to the Section, to notice the present imperfect education required to constitute a licensed chemist; and remarked that chemists should be required to have a perfect knowledge of the nature and chemistry of the drugs in which they deal; and should be sufficiently well-informed to be able to act as analytical chemists, if called upon to do so. On the

continent of Europe, in most of the large States, chemists are required to have such an education as Dr. JONES thinks necessary here.

Dr. BENCE JONES also read a paper on the "Chemical Action of Medicines;" his paper is of considerable value, but too long to introduce even a *résumé* into so limited a space as I have at my disposal.

Mr. W. CROOKS read a paper on "Disinfectants," showing that two acids were the most important and valuable agents of this class which we possess. Of course carbolic is the true acid to be employed for common use.

I have read with considerable interest your account of the experiments on disinfection by steam. In Liverpool a number of experiments have been made with air heated to over 300° as a disinfectant. The results have been so satisfactory, that the clothes of cholera and fever patients in that town are now regularly disinfected by heat.

Puerperal Fever.

In the discussion on puerperal fever reported in your Journal of July 7th, 1866, Dr. BURNS remarks that puerperal fever and erysipelas have often prevailed contemporaneously in his neighborhood. I may mention, that in this city, during the spring of the present year, an alarming and sudden epidemic of puerperal fever occurred in the Lying-in Hospital in Britain street, necessitating the closing of the institution for several weeks. At the same time gangrene and pyæmia prevailed to such an extent in STEVENS' Hospital, that the surgeons were afraid to operate, and wounds from accident assumed a most unhealthy aspect. An epidemic of erysipelas occurred in the Meath Hospital. At Cork Street Hospital a large number of cases of erysipelas were admitted, and the typhus was of more than usually severe type. These diseases, prevailing so much at the same time, seem to point to a common origin for all, and to point out the connection between puerperal fever and diseases of the erysipelatous type.

Dr. OWEN ASPRAY'S new screw instrument, for the treatment of stricture (described in the *Lancet* of August 11th), has been tried by Dr. SMYLY, of this city, at the Meath Hospital. Dr. SMYLY considers that the instrument answers its purpose remarkably well, and gives that gentleman's observations and experience in the use of HOLT'S instrument, and his own modification of HOLT'S dilator; his opinion is entitled to the greatest respect from the profession.

T. W. G.

DOMESTIC.

Camp Itch.

EDITOR MEDICAL AND SURGICAL REPORTER:

In a late number of your journal I notice an article on Camp Itch, so called, and several recipes given for its cure. I was sorely puzzled for a long time, during the late war, for a remedy capable of curing this disease, and had almost despaired of finding one, until I fortunately came across an old volume, written some time during the 16th century, in which I found the following:

R. Sulph. loti,	3j.
P. carbonate ammon.,	3j.
(Vel. aq. ammon.,)	q. s.
Adipis,	3j. M.

and apply once or twice daily, after having thoroughly cleansed the person with soap and water.

I use the carbonate of ammonia instead of the liquid, and after its discovery used it in the army, and have since used it in private practice, and have never known it to fail of producing a thorough cure in a very short time in all my experience. The second application is often sufficient, and I have frequently known a single application to effect a permanent cure.

Respectfully,

M. CALVERT.

Meridian, Miss., Sept 5th, 1866.

Chorea.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

In reply to query, "How shall I treat chorea?" I would ask your correspondent whether his patient suffers from ascarides? In all the cases I have ever met with, in patients under twenty years of age, ascarides were found to be the cause, and the successful treatment was the following: From a half teaspoonful to a teaspoonful of finely pulverized iron scales, (such as fall around the anvil,) was given in syrup, every morning, and a teaspoonful of sulphur every night, for ten or fourteen days. If, after a remission of a week, the ascarides reappeared, or the symptoms did not abate, the course was repeated.

In the same manner I have successfully treated epilepsy, and other *neuroses*, dependent upon the same cause. This cause of diseases of this character is frequently overlooked, as was the case with two or three of my patients, for some time. When found, I have never known the above remedy to fail to remove them. In the above cases, advantage was doubtless derived from the tonic effect of the iron, as well as from the anthelmintic properties of the remedies, given in conjunction.

D. STANTON, M. D.

New Brighton, Pa., Sept. 19th, 1866.

News and Miscellany.

Deaths by Battle and by Disease.

According to statistical tables, mainly derived from the recent report of the Provost-Marshal-General, it appears that during the progress of the last war we lost, in officers and men, killed and died of wounds, 96,099; and by disease, 184,321; or, altogether, 280,410, out of a total given in these tables at 2,154,311. In the Crimea, out of nearly 94,000 English soldiers, 4,419 died by battle, and 16,298 died of disease at the seat of war, while nearly 13,000 more were sent home sick. Thus the English losses were nearly four times those by battle. The French, whose sanitary regulations were much praised, were even worse. They lost 7,500 men by battle, and 50,000 by disease—nearly seven times the number of casualties, instead of less than twice, as with us; and 65,000 more were sent home to be discharged as invalids, a considerable portion of whom, no doubt, died of their diseases.

In the Mexican war, according to Government returns, only 1,548 died in battle or of wounds, but 12,348 died of disease, and 12,252 were sent home sick. This, owing to inefficient sanitary provisions, was worse even than the Crimean returns.

Among the white troops, it is stated that the proportion of deaths in action and from wounds to the deaths from disease was about one to two; among the colored troops as one to eight. About 180,000 colored men were enlisted in the army during the war, of whom, accordingly, nearly one out of every seven died of disease. The general proportion among white troops is one to fifteen.

It appears, also, that both from battle and disease, New England sustained the heaviest losses. The fatality of maladies among the troops from this region is ascribed to the fact that an undue proportion of them were used in the unhealthy Atlantic and Gulf States of the South. The men of the West, who rate next, served in the fever-breeding valleys of the Mississippi and its southern tributaries, and this aided, no doubt, in swelling their mortality list. The troops from the border States suffered mainly from the same cause. All their ratios are larger than the general ratio of the loyal States, which is but 59.22.

These statements, we are informed, are intended to comprise only officers and men who died in the service, and not the tens of thousands who were discharged for disability contracted in the service, from the effects of which they subsequently died in private life.—*Medical Record*.

The Virtues of Borax.

The excellent washerwomen of Holland and Belgium, who "get up" their linen so beautifully white, use refined borax as a washing-powder, instead of soda, in the proportion of one large handful of powder to about ten gallons of boiling water. They save in soap nearly one-half. All the large washing establishments adopt the same mode. For laces, cambrics, etc., an extra quantity of the powder is used; for crinolines, requi-

ing to be made stiff, a strong solution is necessary. Borax being a neutral salt, does not in the slightest degree injure the texture of the linen. Its effect is to soften the hardest water, and therefore it should be kept on every toilet table. To the taste it is rather sweet; it is used for cleaning the hair, is an excellent dentifrice, and in hot countries it is used, in combination with tartaric acid and bi-carbonate of soda, as a cooling beverage. Good tea cannot be made with hard water. All water may be made soft by adding a teaspoonful of borax powder to an ordinary-sized kettle of water, in which it should boil. The saving in the quantity of tea used will be at least one-fifth.—*Druggists' Circular.*

Cholera in Italy.

A correspondent of the *New York Tribune*, writing from Milan, Sept. 1st, says:

"Naples and Genoa have been suffering a cholera visitation, by which the first has lost 300 lives, and the second 160. The reports of yesterday show 4 cases in Genoa, and 12 in Naples. The energy of the sanitary commissions has doubtless arrested the progress of the disease in both cities. Several small towns here suffered from the migration of the disease with fugitives from these cities.

"The most singular case is that of a young man attached to the Custom-House in Genoa, who went home to Breno, near Brescia, died next day of the disease, and before the end of the week his whole family, consisting of four persons, had been buried.

"About 75 per cent of the cases are reported fatal, and I account for this large mortality on the theory that all the cases are not reported. Those who get well have diarrhoea, according to the doctors. There is reason to hope that the disease will not spread over Italy. Travellers have been restricted in their movements in Germany by war and cholera, in Switzerland by incessant rains, and they might become disheartened altogether, should the cholera intercept their progress to Florence and Rome."

Death of MM. Gibert and Chaussier by Cholera.

Recent arrivals from Paris announce the death, on the 31st ult., at the age of 69 years, of the distinguished French dermatologist, M. GIBERT, by the reigning epidemic. M. GIBERT had suffered for several days with the premonitory symptoms, but neglected to adopt any precautionary treatment. He had repeatedly at the meetings of the French Academy denied the frequency and significance of the premonitory diarrhoea. He died in a few hours after being seized with cholera. For more than twenty years he had been one of the physicians of the Hospital of St. Louis, and was widely known for his acuteness and quickness of diagnosis of cutaneous disease. His writings and his clinical courses have made him illustrious. When he succumbed to the fatal malady, he was unwilling to take any remedies, but turned only to his spiritual adviser for comfort and consolation; and died, in the words of his eulogist at his funeral, M. HARDY, "a rare example of resignation and courage."

M. FRANCK CHAUSSIER was the second and only surviving son of the distinguished FRANCOIS CHAUSSIER, of the Academy of Sciences, who died in 1828. The son did little to sustain the reputation of his father, and after leading a reckless life, has left to the hospitals of Paris a fortune of 850,000 francs, bequeathing to his excellent wife a mere pittance of 5000 francs.—*Boston Med. and Surg. Journal.*

— A PETRIFIED human hand has been found imbedded in red sandstone in a mine in Memphis, Tenn.

— It is stated that there are 18,000 Doctors of Medicine (including Surgeons?) in Great Britain.

— WE see it stated that there is an insane person at Buckland, Mass., *who has been confined in a cage for more than fifty years*. If this is true, it is disgraceful.

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending September 22d, 1866.

Surgeon M. Duvall, detached from Navy Yard, Washington, and placed on waiting orders.

Surgeon L. J. Williams, detached from Navy Yard, Philadelphia, and ordered to Navy Yard, Washington.

Surgeon J. S. Messersmith, detached from Navy Yard, Norfolk, and ordered to Navy Yard, Philadelphia.

Surgeon J. S. Dungan, ordered to Navy Yard, Norfolk.

Act^g Assistant Surgeon Alex. McKenzie, detached from the U. S. Ship Newbern.

Act^g Assistant Surgeon C. W. Knight, ordered to the U. S. Ship Monongahela.

Act^g Assistant Surgeon W. L. Wheeler, promoted to the grade of Acting Passed Ass't Surgeon.

MARRIED.

EXTON—VAN PELT.—At Clinton, N. J., on the 12th inst., by the Rev. L. Alstyne Blauvelt, James A. Exton, M. D., and Maria Van Pelt.

GRANTMAN—DEARBORN.—In Amesbury, Mass., September 13, by Rev. Nelson Bailey, William Grantman, of Chelsea, late Lieut.-Col. 13th N. H. Vols., and Miss Hattie, daughter of Dr. H. S. Dearborn, of Amesbury.

MILHOLLAND—FULTON.—On the 11th inst., by the Rev. P. M. Semple, the Rev. A. S. Milholland and Miss Zillah A., only daughter of Dr. C. Fulton, of Bucyrus, Ohio.

O'DEA—MEAD.—In Toronto, Canada West, August 30, by the Rev. J. Millet, J. J. O'Dea, M. D., and Mary, eldest daughter of John Mead, Esq., all of Toronto.

RUSSEL—KINGSLY.—On Tuesday, September 18, at Trinity Chapel, N. Y., by the Rev. Morgan L. Dix, Rector, Dr. Charles P. Russel and Florence Kingsley, daughter of the late Simson Kingsley.

DIED.

BISHOP.—In this city, September 19th, Dr. C. Stanhope Bishop, only son of the late Rev. David Bishop, of Easton, Pa.

HILL.—In this city, on the 18th inst., J. Howard Hill, in the 26th year of his age, son of Dr. C. H. Hill.

HOBBS.—At Camp of 116th U. S. C. T., White's Ranch, Texas, August 28, of gastro enteritis, Benjamin Hobbs, Surgeon U. S. C. T., aged 25 years, 6 months, and 27 days.

ANSWERS TO CORRESPONDENTS.

Dr. J. D. J., Sonora, Ohio, and L. D. W., Messengerville, N. Y.
—The price of the U. S. Dispensary is \$10.

Dr. J. E. Z., Smithville, Ohio.—We can send you "Why Not?" A Book for every Woman—price \$1.

Dr. G. L., Jerseyville, Ill.—Carpenter on Microscope, sent by mail, September 24th.

J. M. A., Phila.—Books sent September 21st.

Dr. J. H. W., Princeton, N. J.—Pessaries sent by mail, September 19th.

Dr. J. G. K., Reading, Pa.—Calabar Gelatin, sent by mail, September 19th.

Dr. W. W., Brooklyn, Conn.—Chambers' Lectures, sent by mail, September 19th.

Dr. M. C., Kalamazoo, Mich.—Ruppaner on Hypodermic Injections, sent by mail, September 22d.

Dr. C. and S., Lock Haven, Pa.—Apparatus for Local Anesthesia, Rhigolene, and Hypodermic Syringe, sent by Otto & Reynolds, N. Y.

Dr. A. G. R., Springfield, Mass.—Barker on Nitrous Oxide Gas, sent by mail, September 19th.

Dr. D. S., New Brighton, Pa.—Da Costa on Medical Diagnosis, Flint's Principles and Practice of Medicine, Sims on Uterine Surgery, Bartholow on Spermatorrhœa, and Hammond on Wakefulness, sent by Express, September 22d.

Dr. E. D., Oswego, N. Y.—Sulphate of Morphia, sent by mail by Bullock & Crenshaw.

Dr. E. H. M., Fleetwood, Pa., J. J. S., Pontiac, Ill., and J. D., Cleveland, Ohio.—Wired Skeletons, sent by Express, as directed.

Dr. S. H. S., Unionville, Iowa.—Four of Bourgery & Jacob's plates, sent by Express, September 12th.

METEOROLOGY.

September,	10,	11,	12,	13,	14,	15,	16,
Wind.....	W.	S.	N. E.	S. W.	S.	N. W.	N.
Weather.....	Clear.	Cloudy.	Cloudy.	Clear.	Clear.	Clear.	Clear.
Depth Rain.....	2-10						
Thermometer.							
Minimum.....	53°	58°	61°	51°	55°	53°	42°
At 8 A. M.....	63	68	75	70	71	63	56
At 12 M.....	74	70	76	75	76	64	62
At 3 P. M.....	76	79	78	76	78	75	68
Mean.....	66.25	66.50	75.	68.	70.	63.75	57.
Barometer.							
At 12 M.....	30.2	29.9	30.	30.1	30.	30.3	30.4

Germantown, Pa.

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